

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/622468

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2		21					52							
3		21					53							
4		21					54							
5		21					55							
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25		21					75							
26	1						76							
27		1					77							
28	1						78							
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42							92							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
AL	2						TOTAL IND.							
AL	2						TOTAL DEP.							
AL IMS	2						TOTAL CLAIMS							

BEST AVAILABLE COPY